

Case Number:	CM14-0060658		
Date Assigned:	07/09/2014	Date of Injury:	05/03/2011
Decision Date:	09/05/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	05/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 49-year-old female who has submitted a claim for lateral epicondylitis and neck pain associated with an industrial injury date of May 3, 2011. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of neck and bilateral elbow pain, greatest in the left lateral elbow and proximal forearm. She also reported pain with gripping or grasping with the left hand. On physical examination of the neck, there was decreased range of motion on all planes. Muscle tone of the trapezius was increased and tenderness was noted. Elbow examination revealed tenderness over the extensor carpi radialis brevis and pain was noted with wrist extension. Treatment to date has included medications, elbow cortisone injections, right elbow lateral epicondylar release, TENS unit, physical therapy, acupuncture, and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DME: Retro request for Nex Wave by Zynex with Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain; Interferential Current Stimulation (ICS); Neuromuscular electrical stimulation (NMES) Page(s): 114-116; 118-120; 121.

Decision rationale: The Zynex Nexwave unit combines traditional transcutaneous electrical nerve stimulation (TENS), and interferential and neuromuscular electrical stimulation in one unit. According to pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality but a one-month home-based TENS trial may be considered as a noninvasive conservative option for patients with chronic intractable pain and with evidence that other appropriate pain modalities have been tried and failed. According to pages 118-120 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation (ICS) is not recommended as an isolated intervention. However a one-month trial may be appropriate for patients with significant pain from postoperative conditions, limiting the ability to perform exercise programs/physical therapy, or those who are unresponsive to conservative measures. According to page 121 of the California MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) devices are not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In this case, an appeal stated that the patient used a TENS unit with 35-40% benefit. The appeal further stated that the patient previously tried other conservative measures but continued to remain symptomatic. Although a trial of TENS and ICS may be appropriate, NMES is not supported for chronic pain. In addition, there was no rationale provided as to why a combined electrotherapy unit would be required. Furthermore, a treatment plan including specific short- and long-term goals of treatment with the NexWave unit was not identified. Therefore, the request is not medically necessary.